

**City of San Antonio
Parks and Recreation Department
INSTRUCTOR QUALIFICATION FORM**

Instructor Data

Date: _____

Name: _____
(Last) (First)

Address: _____

(City) (State) (Zip Code)

Phone Number: (Home) _____ (Work/cell) _____

Social Security Number: _____ - _____ - _____ E-mail: _____

Class Proposal

Proposed Class(es) _____

Targeted Age Group: ☐ Preschool (0-5 yrs) ☐ Youth (6-16 yrs)
☐ Adult (16 + yrs) ☐ Adults 55+
☐ Special interest (one-time class, any age)

Teaching Experience

Position	Employer	Years/Months
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education/Specialized Training

Education/Training

Dates

_____	_____
_____	_____
_____	_____
_____	_____

Related Experience

References

Contact / Name

Phone #

1. _____
2. _____
3. _____

A criminal background check will be conducted annually on all contract instructors.

Return Via U.S. Mail:

Chester Lewis

Ron Darner Parks and Recreation Headquarters

5800 Old Highway 90 West

San Antonio, Texas 78227



*San Antonio
Parks and
Recreation
Department*